



EIP/SSP SYSTEMS INTEGRATION WEBINAR MAY 24, 2012 QUESTIONS AND ANSWERS

CONTRACTING

1. Does an EIP need to contract with all nine Specialty Service Providers (SSP), even those that don't serve their geographic area?

No, EIPs need to contract only with the approved SSPs that practice in their geographic area.

PAYMENT OF SERVICES

2. Just to clarify, even though the timeliness of payments may be improved, I would assume that the EIP is NOT required to issue payment until payment is received from DPH/MassHealth/commercial insurer.

Correct

3. Given our concerns about cash flow can you tell us how amenable these SSP's will be to wait for payment till paid?

DPH is working with insurers to reduce payment delays. It will be essential for EI Programs to verify benefits with provider relations to ensure Autism is a covered service once the child is identified as eligible for autism service. This is different from the prior authorization process, which will be detailed in specific plan guidance on ABA services for children under 3. No EI autism claims should be submitted to a private health plan unless prior authorization has been approved by that plan. Providers should be billing DPH for any claims prior to the receipt of the prior authorization.

However, if there are other unavoidable problems creating significant delays, the DPH will make every effort to minimize the impact to providers. EIPs should be in touch with Rob Seymour if issues arise.



EIIS

4. Will EIIS updated information regarding children with autism spectrum disorders (ASD) be contained in a new, separate EIIS form, or incorporated into the EIIS Evaluation form or elsewhere?

A new EIIS form with SS data questions will be added to the EIIS and will be required for any child who receives an ASD diagnosis, regardless of payer.

5. I presume that the new EIIS Specialty form will be entered AFTER we have a diagnosis for a child and they have chosen a specialty provider. This means that it will be entered at any point in time that this occurs, rather than sequentially with our current EIIS forms.

Yes, this is correct.

6. There was a slide and comment about the EIIS form being required prior to service approval. So, my question is, after we have entered this EIIS specialty form, do we need to wait for DPH to give us some sort of approval?

No. Completion of the EIIS form is not required prior to services. The form must be completed in EIIS because claims will be matched to EIIS. The requirement is in regards to the processing of claims, not approval for specialty services.

CLINICAL ISSUES

7. Can you expand on the meaning of "available" when it comes to the SSP making the contact notes available to the EIP?

This is up to the EIP and should be discussed with the SSPs the EIP contracts with. The significant content of what transpires in ABA - based treatment is documented in the program book that is maintained in the child's home and is available to parents and other service providers. The "contact note" or "session note" tends to be much less detailed and primarily record the date, duration, provider, etc., of individual sessions.



8. Will families be allowed to use 2 different SSP providers?

This needs to be determined through an IFSP meeting with the service coordinator, parent(s) and the current SSP provider.

9. Can you clarify the use of the IFSP review process for service changes by the SSP?

This will be clarified in the next Advisory from the EIP/SSP Task Force.

10. Building Blocks is on the list of MassHealth "ABA -BASED SSPs" in the last box on the chart of YES NO questions. What if Building Blocks has been selected to do more of a Floortime based therapy program?

Building Blocks has modified their intervention methodology and now uses an approach based on the evidence based Early Start Denver Model (ESDM). It is characterized by a strong parent training component, and employs the teaching of specific targeted goals and careful tracking of progress, (generally associated with ABA) within the context of highly motivating, child-centered, play-based interactions (generally associated with Floortime). The ESDM model, as well as traditional ABA based on the UCLA/Lovaas model, are accepted ABA-based interventions in the CMS (MassHealth) waiver.

11. Is the EIP allowed to send the diagnostician's report, information that we did not generate, to the SSP?

If the report is part of the EI record, and the parent gives consent for the re-disclosure of information, then yes, it can be shared with the SSP.

BILLING

12. I have noticed when checking my EI client insurance that autism services is a benefit on some of the BCBS plans. Is that how biller's will know whether autism will be covered by private health plans or DPH will be payer?

Programs should verify benefits with provider relations to ensure Autism is a covered service and obtain all specific plan guidance on ABA services for children under 3. This is different from the prior



authorization process. No EI autism claims should be submitted to a private health plan unless prior authorization has been approved by that plan. All of the payers will produce specific instructions on how ABA-based EI services are to be handled. DPH will supplement these with additional billing guidance for reporting these services to DPH.

13. Could you clarify when a program completes the SSP checklist and who it is submitted to?

This form is designed for EIPs to use internally to determine when intensive autism service claims should be submitted to MassHealth because the child meets all of the MassHealth waiver requirements. Share it with your biller and maintain it for auditing purposes.

14. Which entity (the EI program or the specialty provider) will be responsible for obtaining the PCC info and referral number for MassHealth clients?

The EI program

15. How will we be able to identify if it is a separate "session"?

Each session will be entered as a discrete event on the activity log. More than one SSP clinician may participate in a session. Each individual SSP clinician should appear on the log for that session.

16. Will EI programs need to begin billing commercial insurers for specialty services beginning July 1st? Or will we bill directly to DPH until the commercial insurers come on board?

Additional guidance regarding the billing of third parties will be forthcoming and will update what has previously been sent to programs.

BILLING REQUIREMENTS

17. *Can more than one 3-hour session occur per day?*

**Yes, there can be more than one session per day.
No session shall extend beyond three hours regardless of payer and total number of hours shall not exceed 30 hours in one week.**



18. How does this affect billing of other specialty providers in the EIPs (e.g., dietician, music therapist or other specialty provider)? Can these services occur on the same day without rejecting?

Intensive autism services have a different set of codes than EI. Services should be able to be billed under a different code on the same day without rejecting. DPH allows different services to occur on the same day. However, each insurer has different requirements which may differ from this standard. Denied claims should be billed to DPH.

19. Will this affect EI Child Group billing when a SSP is attending the child group with the child?

No, the SSP will be billed under the autism direct treatment code for the 1:1 service they provide to facilitate the child's participation in the child group.

20. Does session length/max hours per day include overlaps?

Yes

21. Can you comment on co-visits with EI providers and spec. providers and if there are any changes in this process?

Co-visits with EI providers and Specialty providers are encouraged when there is a clinical justification to hold them. They do not affect the capacity of the EI staff to provide one cotreat per month.

22. We need to obtain a MassHealth authorization when services are over the max of 30 hours a week. Does this 30 hours include ALL services a child is receiving (all services listed on the IFSP) or only inclusive of SSP services?

SSP Services only

23. If a child is scheduled for 30 hours but does not receive all 30, can they be made up the next week?

Missed hours may be made up in subsequent weeks, but no week of service may exceed 30 hours.